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# The Effects on Children and Adolescents of Parents' Excessive Drinking: An International Review

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## Synopsis .....

*The effects during childhood, adolescence, and adulthood of having a parent with a drinking*

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**T**HIS PAPER COMPRISES one section of a much more extensive review, "Alcohol and Family Health: an International Review of the Effects and Outcomes of Excessive Drinking," prepared by and available from the Mental Health Programme of the World Health Organization. This section of the longer report is concerned with the effects of parents' excessive drinking during the childhood and adolescence of their offspring and the long-term damage identified in adulthood.

In the literature, the harmful or dependent use of alcohol is described by many different terms. These include "alcoholism," "alcohol abuse," "alcohol dependence," and "problem drinking." Authors from different disciplines and from different countries use a wide range of labels which are often undefined. Accordingly, this paper employs several

*problem has interested researchers in several countries. The greatest number of reports related to this subject have appeared in the U.S. literature and in the literature from countries of Eastern Europe. This review encompasses the findings of researchers in these countries as well as workers in Western Europe, Latin America, and Japan. This review does not include biological, physiological, or neurological data.*

*The epidemiologic evidence from several countries shows significant points of agreement. Problem drinking by a parent markedly increases health risks to children and adolescents. Such risks include diminished intellectual capacity and development, increased neuroticism, and a wide range of psychological and behavioral disorders.*

*Parents who drink excessively are also likely to have children who experience long-term adverse consequences. These include heavy and problem-causing psychoactive substance use, criminality, suicide, depression, personality disorders, and psychological and behavioral disturbances. Parents who drink heavily are also especially likely to produce children who subsequently abstain from alcohol or drink only lightly.*

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different terms since these were employed in some of the references that are cited.

## Effects on Children and Adolescents

In recent years there has been an upsurge of interest in the possible effects upon children and adolescents of having a parent with a drinking problem. Most of the research in this area comes from Eastern Europe and the United States. Apart from a study of the short- and long-term effects of parental drinking problems in Sweden (1, 2), there are only scattered studies from Western Europe and, apart from a small amount of work from Japan and some interest in the fetal alcohol syndrome in Australia, little work on this topic appears to have been conducted outside of Eastern

Europe and the United States. In many areas, research into the children of people with severe alcohol problems is an emerging or recent scientific concern.

**Research from Eastern Europe.** In Bulgaria there has been a considerable interest in the effects upon children of having a parent who drinks excessively. Research in that country has been summarized by Boyadjieva (3). Stankovshev and co-workers (4) noted a higher rate of "neurotic behaviour" and memory and attention disturbances among children with an "alcoholic" parent than among controls. Four years later, in 1978, another Bulgarian study by Christozov and co-workers (5) investigated 50 children, ages 4 to 15 years, with an "alcoholic" father; these researchers attributed the high rate of "neuroticism" which they found among these children to three pathogenic mechanisms: immediate stress, frustration, and deprivation. In the early 1980s, Toteva reported the findings of a study of 220 children ages 5 to 15 years (6, 7) and in an unpublished dissertation, "Psychological Disturbances and Social Disadaptation in Children with Alcoholic Parents." This group of children, each of whom had a parent (usually the father) who had been treated for "alcoholism," was compared with a control group of 110 children of healthy parents. "Neurotic" disturbances were found in 56 percent of the larger group compared with 22.5 percent of the controls; antisocial behavior was registered in 23 percent of the study children versus only 3 percent of the control group; suicidal tendencies were found in a substantial minority of the children of treated alcoholics, and four children had attempted suicide. Testing for intelligence, memory, and attention showed, according to Boyadjieva (3), that 60 percent of children with an "alcoholic" parent had IQs below 75, and 53 percent had disturbances in short-term memory. In a thesis and a review, Boyadjieva (3, 8) has developed the theory that the presence in the family of a father with a drinking problem is a major stress factor for children, slowing normal development, leading to lowered self-esteem and inferiority complexes and, hence, in many cases to identity crises. The connection between parental "alcoholism" and childhood "neurotic disorders" has been further investigated by Toteva (9).

Shurygin (10) reported a major U.S.S.R. study of 74 children (ages from less than 1 year to 16 years) in 52 families in which the father was suffering from chronic "alcoholism" and had received treatment. "Psychogenic" disorders were

almost six times as frequent in the study group compared with a control group of equal size. Twenty-eight were diagnosed as suffering from one or another variant of "patho-characteristological development." Shurygin describes in detail how the disorders, and in particular the two commonest variants, grew out of the micro-social environment of the family. In 10 cases, an "inhibited" variant was noted. In the early stages, behavioral peculiarities were apparent only in the presence of the father: children avoided their fathers totally or refused to go home. Later, this behavior was generalized to the school where teachers noticed increased pensiveness and silence among the children, who avoided the company of peers. As Shurygin puts it, such behavior is justified in the following way (10a):

I see what sort of father my friend has, how everything is peaceful with them. Then I go home and cry. Why are my mother and I so unhappy? So now I do not go to see my friend, and yes, I am ashamed of my father (translated from Russian).

Eight children displayed the "temporary-excitabile" variant, which began with sullen, unwilling, and threatening behaviors, again specifically in the presence of the father. Once again, this behavior developed and generalized and, unless the problem was resolved by death or departure of the father, or by his cure, the child developed symptoms of "social-pedagogic neglect" with a tendency to antisocial forms of behavior. A proportion of the children in Shurygin's study were followed over 2 years or more, and if such a resolution of the family problem did occur, a reversal in the child's behavior was observed. The inhibited children become more active, lively, tender, and accessible, and the "temporary-excitabile" children become more balanced in mood, with the frequency of their outbursts lessening and their behavior becoming more easily corrected.

Shurygin's investigation was confined to what he termed the micro-social factor in the generation of childhood disorders. However, he pointed out that most Russian researchers have considered biological causes as fundamental in the transmission of problems, or they have at least considered biological and micro-social factors jointly. He cited work suggesting that parental drinking problems may be linked with the development of childhood epilepsy, as well as mental retardation. Several researchers, he pointed out, are examining the morphological

and functional changes in the generative cells of parents as one of the probable reasons for the "inferiority" of the offspring. In a review, Boyadjieva (3) also cited work from the U.S.S.R. suggesting a high frequency of brain damage in children, as well as work suggesting a high frequency of abortions and the possibility of damage prior to birth (the fetal alcohol syndrome). Other Russian workers have also suggested that parental "alcoholism" may be one factor related to childhood convulsions (11).

In Poland, according to Boyadjieva, there have been few studies of children in "alcohol" families. Strzembosz (12) found maladjustment in 64 percent of children in families in which the mothers had drinking problems, and in another study (13), a correlation was found between the duration of alcohol abuse and the degree of psychological disturbance in the children. In another Polish study, broken homes and criminal behavior resulting from "alcoholism" were discovered in the backgrounds of 80 percent of a sample of 50 8- to 16-year-old boys residing in a child custody center in Warsaw (14). A study from the 1960s by Borzova (15) reported the results of administering tests, questionnaires, and interviews to 50 6- to 14-year-olds from "alcohol" families who were attending a month's re-educational camp. A higher than expected incidence of "neurotic" symptoms and lower than expected intelligence levels were reported, and 82 percent of the children showed strong attachment towards their mothers and minimal or no positive relation to their "alcoholic" fathers.

In Yugoslavia, there has been a greater interest in marriage and marital therapy for problem drinkers than in the effects of drinking problems upon children. However, Dordevic and Dukanovic (16) pointed to the frequent behavior and learning problems experienced by the children of 100 "alcoholics" at the Treatment Institute in Belgrade. "Alcoholism" as one of a number of negative factors in the background of epileptic schoolchildren, in comparison with nonepileptic controls, has also been reported from Yugoslavia (17). Boyadjieva (3) cited a recent Yugoslavian study (18) of suicidal tendencies among the children of women "alcoholics" who had attempted suicide themselves.

In Czechoslovakia, there has been a long-standing interest in the effects of parental drinking problems on children. Freiovai (19) studied more than 500 families with a "morally impaired" child between 9 and 16 years old who was placed in a

re-education facility. In 27 percent of the families "alcoholism" was found in one or both parents, and among 47 families with more than 1 child in the facility, 53 percent had one or both parents "alcoholic." Similarly, Koznar and co-authors (20) found "alcoholism" along with incomplete and disharmonious families, mental illness, and criminal behavior more common in the family backgrounds of adolescents with antisocial behavior problems than in the backgrounds of those with "neurotic" problems or learning difficulties.

Matejcek (21, 22) examined intelligence, school performance, and general adjustment in 200 children whose fathers had been registered at the Anti-Alcoholism Counselling Centre in Prague. On intelligence testing, Matejcek found a difference of 7 IQ points in favor of the comparison group (almost wholly accounted for by a difference of 8 points on verbal intelligence), in the oldest of the three age groups only (the 13-15-year-olds). There was no difference in parents' assessments of the child's IQ, which in many cases were felt to be unrealistic. Teachers' assessments were much closer to the formal IQ test results. Pediatricians' ratings of intelligence (above average, average, below average) and schoolmates' nominations of most intelligent, most gifted, and quickest children both showed significant differences in favor of the comparison group. Children from "alcoholic" families were less likely to be chosen as "best friends" on a sociometric test. On a test of maladjustment, the difference between group means was significant overall, was particularly significant for the 9- to 11-year-olds, was less significant for the 4- to 6-year-olds; the difference was not significant for the oldest age group. In a regression analysis, the most important variable predictive of maladjustment was gender; boys showed higher scores than girls.

Other studies from Eastern Europe include a Czechoslovakian study of gypsy and nongypsy special school children in Western Bohemia (23); a high rate of unfavorable family circumstances, including "alcoholism," especially amongst the gypsy children, was noted. From Slovenia there is a report of several differences in the family lives of 4- to 8-year-olds who dropped out of school in comparison with control children, one factor being a higher rate of parental "alcoholism" (24). Finally, to complete the review of studies on this subject from Eastern Europe, Boyadjieva (3) found a small number from Eastern Germany; the most conclusive appears to have been one reported in the mid-1960s by Partnitzke and Prussig (25). They

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investigated 120 children with "alcoholic" fathers and found three times the rate of "neuroticism" than that among a control group of children. A second study by Farkasinszky and co-workers (26) found that children with "alcoholic" parents had an increased level of anxiety as well as "psychopathic" character and "social mal-adaptation."

**Research from Western Europe.** From Western Europe which, on the whole, has contributed rather less to research on the effects of parental drinking problems on young children and adolescents, there are occasional reports suggesting that sons of parents with drinking problems are particularly at risk of antisocial behavior. For example, the records of a child psychiatric clinic in West Berlin showed boys with "alcohol" fathers to be particularly likely to be diagnosed as having conduct disorders while both boys and girls with "alcohol" parents were likely to have emotional problems, especially if the problem drinking parent was the mother (27).

Mader (28) reported a high rate of family "alcoholism" among "adolescent criminals" in Austria, and from Switzerland Fanai reported that adolescents with "personality disorders" had a higher than average number of psychiatrically abnormal persons in their families, particularly "alcoholics," who made harmonious family life impossible (29).

Of greater interest is a study from Zurich by Schmidt and co-workers (30) in which parental "alcoholism" is listed as one of nine psychosocial risk factors that differentiated 300 11-year-olds with learning difficulties from a contrast group of 200 children of the same age who were in the top third of their classes academically. Children in the first group had had the start of their schooling postponed, or had had to repeat a class, or had been admitted to special classes or educated in special schools or homes for the handicapped.

In France, suicide and attempted suicide were considered in relation to having a parent with

drinking problems. A family history of "alcoholism" was one of the five risk factors for adolescent suicide attempts among more than 500 14- to 19-year-olds who had been hospitalized after a suicide attempt in Lyon, Strasbourg, or Paris. Angel and co-workers (31) and Marcelli (32) found parental "alcoholism" to be one possible factor in the etiology of suicide attempts among children under 12 who constituted 10-15 percent of all suicide attempts by children and adolescents in France. In yet another study, 10 of 130 adolescent suicide attempters had an "alcoholic" parent. No control data were reported to enable this statistic to be interpreted (33). Another study indicated that one or both parents of 35 "drug addicts" who had made at least one suicide attempt were "alcoholics" or users of psychotropic drugs (34). Finally, in a further study, "alcoholism" and conflict were found to be more frequent among the parents of 38 6- to 16-year-old suicide attempters in comparison with a group with psychosomatic problems (35).

De Mendonca (36) carried out a study in Portugal that was published in French; de Mendonca was concerned with the effects upon children when only the father had a drinking problem. He compared two groups of 100 children each from the district of Coimbra; one group had "alcohol" fathers, and the other did not. In all cases, the mothers were free of drinking problems and mental illness. The fathers in the first group had all attended an "alcoholism" treatment center, and the results were based on interviews with the mothers. The control group was chosen from the same residential area. Unfortunately some considerable differences between the two groups of families make interpretation difficult. Compared with the control group, children in the paternal "alcoholism" group were older (median ages 8-9 versus 6-7); 96 percent of their families were in low socioeconomic classes IV and V on a 5-point scale, compared with 32 percent of the controls. De Mendonca argued that this disparity was due to "social drift," that the original levels of the two groups were similar, and that the alcohol group families were larger (median number of children four versus two).

The two Coimbra groups differed greatly in terms of the mothers' reports of their children's early development and adjustment. In the paternal "alcoholism" group, breast feeding was more likely to have been prolonged to 1 year or more after birth (57 percent versus 35 percent). Developmental delays (in first teeth, first steps, first words, and first sentences) were much more common;

sphincter control was more often delayed; infantile illnesses were reported (infectious, allergic, and neuro-psychiatric); progress at school was much more likely to be poor (76 percent versus 14 percent had to retake at least 1 year); and later neuro-psychiatric symptoms of one kind or another were universal (versus 24 percent of controls). Anxiety, fear at night, anxiety crises, and insomnia were some of the commonest symptoms.

Although most children in both groups were under 10 years old, and the oldest only 12 to 13, mothers reported that 74 percent of the study group and 55 percent of the controls drank alcohol regularly. In the control group, a reason frequently cited was that wine was a form of nourishment and was good for the child. In the paternal "alcoholism" group, 25 percent of mothers stated that the child was imitating its father, and 16 percent said that the father forced the child to drink.

De Mendonca attributed the differences he found partly to the child's anxiety which was a reaction to the family atmosphere of conflict created by the father's drinking. However, he also took into account the toxic effect of the child's own alcohol consumption, and in general he was conscious of the etiological complexity of the matter (36a):

In our opinion the neuropsychological problems that we came across in the children of alcoholic fathers resulted from hereditary, social and psychological factors, which combined together cause certain basic deficiencies, be they organic or functional, in the child's nervous structures, onto which there grow, very exaggerated psychological manifestations of emotional imbalance. All these disturbing factors abound in the households where there is an alcoholic father (translated from French).

De Mendonca also formed the opinion that in some families the birth of the children had revealed conflicts in the parents' relationship which had hitherto been lying dormant and that, in many instances, the mothers had a profound need for emotional compensation which they found in their children, towards whom they established a very restrictive and protective relationship. These observations need to be placed against the prevailing conservative traditions of the region which dictated that wives rarely worked outside the home, and families rarely split up.

Considerable interest in the disadvantages that result from parental drinking problems has been

shown by Swedish researchers. Nylander (1) compared 229 children from 141 families in which the fathers were "alcoholics" with 163 control children. The groups were carefully matched, and the children were between 4 and 12 years old. Those in the study group, as in de Mendonca's (36) and in many other studies, showed more frequent signs of mental ill health and a wider variety of symptoms than did the controls: 27 percent of boys and 30 percent of girls showed "mental insufficiency." Anxiety neuroses and depression were the commonest diagnoses, and rates were equally high among the three age groups: 4-6, 7-9, and 10-12 years. Apart from definite psychiatric diagnoses, stress symptoms such as headaches, stomach aches, and tiredness were very common, and children had often been investigated for physical conditions without any underlying organic reasons being confirmed. Their teachers considered that 48 percent of the school age children versus 10 percent of the control children exhibited problems. Among the 7- to 9-year-old boys, as many as 74 percent with "alcoholic" parents showed difficulty in adjusting.

Although there appear to have been no special studies of this subject in Japan, occasional mention has been made of a possible link between parental drinking problems and the well-being of Japanese children. For example, one study of depressive symptoms among 14-22-year-olds claimed to establish a link between the depression of the "behavior disorder" type (as opposed to depression of inhibited, anxious, or withdrawn types) and families with dominant fathers or disorganized families with mentally ill or "alcoholic" parents (37). Another describes a single case of childhood psychosis in which the father had a serious drinking problem (38). In another report, "alcoholism" in one or both parents was cited as one of several family background factors leading to juvenile delinquency (39), and again the father's "pronounced tendency towards alcoholism" is mentioned as the first of a number of factors differentiating a sample of families in which a majority of siblings were delinquent in comparison with families of similar socioeconomic status, but without delinquency (40).

Evidence from the rest of the world appears to be sparse. A notable exception is a study by Cassorla (41) of attempted suicide in Brazil. Broken homes, poor relationships between parents, and physical and mental diseases and "alcoholism" in the family—all were found to be higher among 50 12-27-year-olds who had recently attempted suicide, in comparison with both normal and psychiatric controls.

A great deal of research has been carried out on this subject in North America and Britain. This has been reviewed by several authors (42-45) and will only be summarized here.

In general the results of this work in North America and Britain have been in line with that from studies elsewhere such as those by Nylander (1), de Mendonca (36), and Matejcek (21, 22). A higher risk of some ill effects—including negative attitudes toward the problem-drinking parent and to the parents' marriage, reading retardation and loss of concentration at school, and temper tantrums and fighting—seems to be a universal finding for young children. In studies of adolescents the results are less consistent, with the occasional finding of no difference between probands and controls (46), but most studies have reported a raised risk of ill effects including delinquency or antisocial behavior, anorexia nervosa, and drinking and drug problems (45). One study from Ireland found that violence was important in distinguishing those families in which paternal alcohol problems were associated with childhood developmental problems from families without such difficulties (47).

### **Long-Term Effects—Use of Family Histories**

A multitude of reports from clinical settings in Britain and North America have shown that excessive drinkers are particularly likely to report having a parent who had an alcohol problem (48,49). Similar reports have come from many other countries including Chile (50), Iceland (51), Hungary (52), Yugoslavia (53), and the U.S.S.R. (54). For example, in the study by Helgason and Asmundson (51), 70 men under 30 years of age who had been convicted for public drunkenness at least twice within 1 month and who lived in the Reykjavik area were matched for age, school attended, examination successes, and intelligence with 70 controls. Each man was asked about family background, and a number of their mothers were contacted to check the answers. Significantly more fathers of the "alcohol abusers" than of the controls were reported to have been "excessive drinkers" (37 percent versus 13 percent), and significantly fewer were abstainers (17 percent versus 34 percent). The authors also commented that their data suggested more psychiatric symptoms among mothers, although the mothers had not been recognized as ill (the rate of excessive drinking among mothers was negligible). Significantly more "abusers" had experienced changes in family structure during childhood, mostly as a consequence of

divorce that was often related to the father's excessive drinking (53 percent versus 23 percent, at least one such change; 21 percent versus 9 percent, two or more changes; 12 percent versus 3 percent, three or more changes).

Djukanovic and co-workers (53) reported on the retrospective accounts of 100 married male "alcoholics" attending a treatment unit in Belgrade, Yugoslavia. Although the absence of a control group makes it difficult to interpret the results, the authors noted that 27 percent of these men reported having lost one or both of their parents through death before the age of 18; that more than half had lost one or both by death, separation, or divorce; that a third had experienced frequent changes of guardians during childhood and early adolescence and that substitute parents were often inadequate; that 75 percent reported that their relationships with parents were characterized by destructive conflict; that in 75 percent of cases one or more members of the parental family were "excessive drinkers" and in 42 percent were "alcoholic"; and that 38 percent of the parental families exhibited other "social-pathological phenomena" (mainly criminality, suicide, and suicide attempts).

It is frequently suggested that total abstinence in the parental home, or a combination of abstinence in one parent and excessive drinking in another, may foster later excessive drinking by children (55). Even so, there appears to be little convincing evidence to support this view. However there is some evidence from studies from Britain (48,56,57) that the reverse may hold true, namely that excessive drinking in a parent is followed by an increased incidence of total abstinence or very light drinking in the offspring. Hughes and co-workers (56) also found that abstaining, like excessive drinking, ran in families.

From the work of McCord and McCord in 1960 (58) and Robins in 1966 (59) onwards to Vaillant's 1983 work (57), "The Natural History of Alcoholism," evidence has accumulated from studies in the United States that alcohol problems and criminality, both in the proband's generation and in the previous generation, are linked in complex ways. A 1983 Finnish review by Pulkkinen (60) on the predictability of criminal behavior concluded that the "pathogeneses" of "alcoholism" and criminality are complex and are interlinked developmental processes. A recent study from Yugoslavia (61) claims to distinguish primary and secondary "psychopaths" (a term that has ceased to have much currency in the English language literature) among "chronic alcoholics," and relates that categoriza-

tion to a family history of "alcoholism." It has been found that soldiers who resigned from the Yugoslav Army were more likely to have parents with "alcoholic," "psychopathic," and marital problems than were controls (62). In another Yugoslav study (63) an unfavorable family atmosphere with one parent "alcoholic" was reported in 50 percent of a sample of soldiers who committed delinquent acts while drunk.

Interrelationships among family history, "anti-social personality," and gender were examined by Lewis and co-workers (64) in a study of more than 400 referrals to the psychiatric department of a hospital in Missouri in the United States. Of this sample, 36 percent of men and 10 percent of women received a diagnosis of "alcoholism." The multivariate statistical procedure used (stepwise logistic modelling) found gender, "anti-social personality," and a family history of "alcoholism" to be the variables that were most predictive of "alcoholism." Among men, those with anti-social personality but who were not "alcoholic" were no more likely to have a family history of "alcoholism" than were those without either diagnosis, but the same was not true for women. A family history of "alcoholism" was just as common (55 percent) among women with anti-social personality alone as it was among those who had a diagnosis of "alcoholism" (52 percent). Lewis and co-workers suggest that "alcoholism" and "anti-social personality" may be etiologically independent in men, but not in women. The suggestion that the process of intergenerational transmission may be different for women and for men is supported by two other, recent studies from the United States. In the first (65), a history of drinking problems among parents (especially fathers) and siblings was more common among a sample of women with a diagnosis of "borderline personality disorders" than among women with diagnosis of "schizophrenia" or "bipolar disorder." Interestingly, if the samples in the three studies are combined, a family history of drinking problems was not related to the extent of a woman's own drinking. In the second study (66), a link between familial "alcoholism" and "bulimic anorexia" among women was suggested.

Another, and more recent, line of research in the United States (67) has suggested a link between family histories of excessive drinking (particularly in male members) and family histories of depression (particularly in female members). A French study has also found significantly more "alcoholic" men and depressed women in the family

histories of "alcoholic" men than of controls. The same difference was noted in the family histories of depressed women when these were compared with controls (68).

The possibility that women with alcohol problems may have more negative factors in their family histories than do men with drinking problems is also raised by Bevia's (69) study of the families of women "alcoholics" in Spain. Over three-quarters of the women in his sample described childhoods "full of negative experiences" (69a), and 30 percent had lived in "intensely alcoholic families" (69a). He implied that these negative family experiences were greater than those found in comparable samples of men with drinking problems, although the data presented are not sufficient to establish this. A recent British study by Latham (70) found a positive family history of "alcoholism" in 73 of 190 male "alcoholics" (32 fathers, 6 mothers, 23 brothers, 1 sister, 2 grandparents, 8 uncles, 1 aunt), but in as many as 26 of 27 women (7 fathers, 3 mothers, 11 brothers, 4 uncles, 1 son). In the United States, Midanik (71) has reported the prevalence of "alcoholism" and problem drinking among first degree relatives of respondents in a national population survey. Women with alcohol problems, whether alone or in conjunction with depressive symptoms, reported higher rates of "alcoholism" or problem drinking in their immediate families (fathers, mothers, brothers, or sisters) than did men. The author suggested that women are more influenced by the home environment or, alternatively, that a more severe family history of "alcoholism" is the necessary condition for women to eventually manifest alcohol problems. However, women overall more often reported positive family histories than men, which suggested to the author that women might be using a less restricted definition and might therefore be more likely to classify their relatives (particularly male relatives) as "alcoholics" or problem drinkers.

Other work in the retrospective tradition which suggests a familial link between drinking and other kinds of psychiatric and psychological problems has been reported in recent studies from the United States and in work from Yugoslavia, Czechoslovakia, and Switzerland. A 1985 report from the United States (72) is of interest because it mentions an increased risk of anxiety disorders in the blood relatives of probands with "alcoholism." This increased risk was linked to the presence of both an alcohol problem and an anxiety disorder in the probands, suggesting to the authors that the latter's

“alcoholism” might have resulted from the self-medication of anxiety symptoms. Another U.S. study (73) found a link between reported parental or drinking problems and reports of drinking problems, depression, and “personality disorders” among a sample of more than 600 opioid addicts. Those with parental drinking problems also reported more disrupted childhoods.

Pozarnik (74) compared the childhood recollections of more than 200 “schizophrenic” patients with those of a large sample of the general population of Yugoslavia. Family discord and an accumulation of two or three unfavorable family factors, of which “alcoholism” plus poor financial and housing conditions was the commonest combination, were found at a higher rate (6 percent versus 38 percent) among the “schizophrenic” sample. In a study from Czechoslovakia (75) 100 “deprived” women, who were investigated for suspected prostitution and venereal disease, were compared with 100 married women attending a prenatal clinic. The “deprived” group more often reported the absence of a father during their upbringing and more often described dissension in the families. Thirty percent reported at least one “alcoholic” parent. A recent report from the United States by Price and co-workers (76) picks out parental fighting and excessive drinking as dominant themes in the childhood memories of a sample of 28 teenage male prostitutes. Finally, from Switzerland there is a report that parental “alcoholism” was one of a number of background factors among patients seeking help with marital troubles (77).

Among those who have themselves developed drinking problems in adult life, an association between an early onset or degree of severity, or both, of these problems, and a family history of excessive drinking has frequently been reported. Among white male patients hospitalized for the treatment of “secondary alcoholism” in Cape Town, South Africa, age of onset was negatively associated with the severity of parents’ drinking habits (78). Retrospective research of this kind has been carried on apace in recent years in the United States. For example, in three studies (79–81) a family history of alcohol problems was found to be linked with early onset of drinking problems among adults. Volicer and co-workers (80) found that family history was linked with severity of alcohol problems, and there were few differences between those with fathers and those with mothers who had drinking problems. The highest level of problems was among those who had two parents with alcohol problems. Stabenau (82) found that a

family history of alcohol problems was associated with a greater frequency of symptoms among “alcoholic” inpatients. Alterman and Tarter (83) found a greater frequency of family alcohol problems (60 percent) among “alcoholic” inpatients with a history of “brain injury” (unconsciousness following trauma) than among those without (35 percent).

The possibility that birth order might in some way be predictive of later drinking problems has excited interest from time to time. However, findings are highly inconsistent (a positive finding linking penultimate birth order with alcohol problems among women in West Germany (84), but a negative finding from Iceland, for example (51)). Work in the alcohol field (85) and beyond it (86), has shown how very complex the apparently simple question of birth order turns out to be. Research has rarely controlled for size of family, spacing of children, or gender of siblings.

Finally in this section mention should be made of the much smaller amount of work carried out on the family histories of spouses of drinkers. For example, Nici (87) has produced some confirmatory evidence for the long-held view that daughters of problem drinkers are subsequently more likely to marry problem drinkers than are other women, and Djukanovic and co-workers (53), in the study already referred to, have reported that wives of male “alcoholics” under treatment in Belgrade are as likely to have disturbed childhood backgrounds as are their husbands. Of the wives in their sample, 39 percent had lost one or both of their parents through death before the age of 18; many were exposed to emotional frustration during childhood and adolescence, in particular having been discriminated against by their mothers; and excessive drinking existed in 55 percent of their parental families and “alcoholism” in 24 percent. As noted before, the absence of a control group in this study makes interpretation difficult.

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